



**Report to the Legislature**

**Services to Persons with  
Developmental Disabilities who are Discharged or  
Diverted from State Hospitals or Individuals with  
Community Protection Issues**

Chapter 518, Laws of 2005, Section 205(1)(d) Uncodified

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## **EXECUTIVE SUMMARY**

Chapter 518, Laws of 2005, E1, Section 205(1) (d) requires the Department of Social and Health Services' Division of Developmental Disabilities (DDD) to report, within 45 days following each fiscal quarter, the number of persons served in the community through this section, where they were residing, what kinds of services they were receiving prior to placement, and the actual expenditures for all community services to support these clients. This proviso is intended to provide community residential supports, therapies and employment/day services to individuals who are discharged or diverted from state psychiatric hospitals and for individuals that qualify for the Community Protection Program.

## **BACKGROUND**

### **Hospital Discharge**

Providing services to individuals with developmental disabilities who are diagnosed with mental illness and/or are otherwise gravely disabled is a long-term state and national issue. Since 1985, the Washington State Legislature has periodically provided funding to enable some developmentally disabled clients to move out of state hospitals when community placement is recommended. Between the periods of August 1996-1998, however, the number of people with developmental disabilities at the state's two psychiatric hospitals grew from 53 to a high of 92.

In January 1999, the Washington Protection and Advocacy System filed a federal class action lawsuit (*Allen v DSHS*) alleging abuse and neglect of individuals with developmental disabilities at Western State Hospital (WSH). It further alleged that individuals were denied opportunities for discharge and community support, and that they were at risk for unnecessary involuntary commitment. A mediated settlement agreement was reached in December 1999. Among the terms of the agreement, the state agreed to request funding from the legislature to implement a 3-phase remedy titled the Division of Developmental Disabilities/Mental Health Division Collaborative Work Plan.

The supplemental budget passed in the 2000 Legislative Session included \$6,673,000 to fund Phases 1 and 2 of the collaborative work plan. Phase 3 of the work plan proposed to establish involuntary treatment facilities. Phase 3 was not initially funded. The Legislature instead required a comprehensive study of long-term treatment alternatives for individuals with developmental disabilities and mental illness. The report's recommendation was to continue to house involuntary treatment clients at the two state psychiatric hospitals.

The Legislature authorized funds to the Mental Health Division to support Phase 3 at the state psychiatric hospitals during the 2001-2003 Biennium.

In the 2005-2007 biennium, the Legislature appropriated funds for DDD to provide community supports for thirty-five (35) individuals with developmental disabilities who are being diverted or discharged from the state psychiatric hospitals, or leaving Department of Corrections custody and participating in the Dangerous Mentally Ill Offender program (DMIO), or individuals with community protection issues. These funds provided an average daily rate of \$300 per client. In the Supplemental 2006 budget period, the Legislature appropriated additional funds to support seven (7) persons, for a biennial total of forty-two (42) individuals.

## **STATUS**

The Division of Developmental Disabilities has placed a total of nine (9) individuals since July 2005 at an average daily rate of \$374.38 (see attached spreadsheet).

For the quarter, January through March 2006, six (6) individuals have been served in this proviso.

Following is a description of the needs of two (2) individuals who meet the criteria “individuals discharged from state psychiatric hospitals”, two (2) individuals who meet the criteria “individuals being diverted from state psychiatric hospitals”, one (1) individual who meets the criteria “individuals being released from prison who need community protection services”, and one (1) individual residing in the community with community protection issues. These client descriptions are provided to offer information about this particular population.

### Individuals discharged from state psychiatric hospitals:

Prior to community placement, individuals served in state psychiatric hospitals receive habilitative mental health services at Western State Hospital (WSH) or Eastern State Hospital (ESH) as part of the DDD Habilitative Mental Health Unit. These inpatient services included skills building, group and individual counseling services, vocational services, coaching, and highly specialized individual treatment services and planning, including functional assessments and positive behavior support planning. Services at both state hospitals comply with requirements set forth in the Civil Rights of Institutionalized Persons Act, 42 USC 1997.

Client # 6 is a thirty-seven year old man with a diagnosis of Mild Mental Retardation, Bipolar Disorder, Polysubstance Abuse by History, Cognitive Disorder Not Otherwise Specified (NOS), Paraphilia and Gastrointestinal Reflux who was admitted to WSH for a seventh time in 2001 for competency evaluation and restoration on a charge of felony harassment. Prior forensic admissions to

WSH were for charges of arson, indecent liberties, and harassment. Client # 6 was determined to be stable by the treatment team in May 2005 and was subsequently presented to the Risk Review Board and End of Sentence Review Committee where it was recommended that his sex offender level be set at II, contingent on his compliance in taking psychoactive medication. Funds from this proviso are being used to provide supported living residential services and supports by a certified community protection vendor, as well as vocational services and specialized therapy by a Sex Offender Treatment Professional (SOTP). Client # 6 receives medication and other mental health services from the local community mental health agency.

Client # 8 is a twenty-three year old male with a diagnosis of Mild Mental Retardation, Schizoaffective Disorder, and Conduct Disorder who upon discharge from a JRA facility was admitted to WSH on a civil commitment order under 71.05 RCW. Client # 8 has a history of property destruction and serious assault, including picking up toilets, propane tanks and other heavy equipment and throwing it at staff, resulting in significant injury. Client # 8 responded well to the structure of the DDD specialized unit at WSH and was referred for community placement in November 2005. Because of client # 8's intensive support needs, an exceptional rate request was submitted. Secretary Arnold-Williams approved the rate in January 2006 and client # 8 was discharged when adequate supports were developed. Funds from this proviso are being used to provide supported living residential services and supports by a certified community protection vendor, as well as vocational services and specialized therapy by a Sex Offender Treatment Professional (SOTP). In addition, client #8 receives his medication services from a DDD funded contracted psychiatrist.

Individuals diverted from state psychiatric hospitals:

Client # 4 is a twenty-one year old man with a diagnosis of Mild MR, Autism, and Seizure Disorder who was admitted to a local community hospital after having broken both his legs jumping off a roof in a suicide attempt. Client # 4 had been living with his family and was arrested after having significantly assaulted them. When legal charges were dropped and he was released from jail, the family was unwilling to allow him home. After leaving the community hospital, client # 4 was admitted to a skilled nursing facility to further recuperate from his injuries, and upon discharge was admitted to a DDD funded mental health crisis diversion bed. Funds from this proviso are being used to provide supported living residential services as well as vocational services. In addition, client # 4 receives his mental health services from a local community mental health agency and has a neurologist who prescribes his psychoactive medications.

Client # 7 is an eighteen year old man with a diagnosis of Mild MR, Major Depression, moderate to severe, recurrent; Pervasive Developmental Disorder, Impulse Control Disorder, and Wolfe-Parkinson-White syndrome. He was admitted to a community hospital after ingesting a full bottle of medications in a suicide attempt. Client # 7 has a history of assaulting his parents, authority

figures and others and has had multiple admissions to local community psychiatric hospitals. Attempts to support client # 7 in Adult Family Homes (AFHs) and Congregate Care Facilities (CCFs) have failed. Funds from this proviso are being used to provide supported living residential services and specialized therapies.

Individuals being released from prison who need community protection services:

Client # 5 is an eighteen year old male with a diagnosis of Moderate MR and ADHD who recently completed a 104 week sentence at a JRA facility for Indecent Liberties with Forcible Compulsion. Client # 5 has a history of sexual offenses and served one previous deferred sentence for a sexual offense. He is considered to be an elevated risk to reoffend. Client # 5 has disclosed eight other sexual offenses that occurred prior to his sentence at the JRA facility. He released from JRA as a Level 1 sex offender. Prior to his incarceration he resided with his mother, and was unable to return to his family home because three of his former victims still reside in the home. Funds from this proviso are being used to provide Community Protection Supported Living services and specialized therapy with a SOTP.

Individuals residing in the community who are identified as an individual with community protection issues.

Client # 9 is a twenty-four year old male with a diagnosis of Mild MR, ADHD, Fetishism, Fetal Alcohol Syndrome and Ehlers-Danios Syndrome who had been residing in the family home and had begun exhibiting significant inappropriate sexual behaviors towards family and others. When he had become increasingly threatening and aggressive, he was evaluated by an SOTP who recommended that he be placed into a Community Protection Program. Funds from this proviso are being used to provide Community Protection Supported Living services and specialized therapy with a SOTP.

## **STATE HOSPITAL ADMISSIONS ACTIVITY**

There have been three (3) admissions to WSH in the January through March 2006 reporting period. All three admissions were for court-ordered competency restoration under RCW 10.77, after being found not competent to stand trial. No (0) individuals were admitted for psychiatric treatment after being determined to be a danger to self and/or others as a result of a mental disorder under RCW 71.05.

At ESH, for the same reporting period, one (1) individual was admitted for court-ordered competency restoration under RCW 10.77, and no (0) individuals were admitted for involuntary psychiatric treatment under RCW 71.05.

**2005-2007**  
**CPP PROVISO TRACKING OUTPLACEMENT TOTALS**  
**Third Quarter Totals**

Hospital & CPP Outplacements					Type of Services				Expenditures	
<u>Region</u>	<u>Number</u>	<u>Previous</u>	<u>Residential</u>	<u>Number</u>	<u>Residential</u>	<u>Day</u>	<u>Other</u>	<u>Therapies</u>	<u>Total</u>	<u>Total</u>
		<u>Residence</u>	<u>Start Date</u>	<u>of</u> <u>Days in</u> <u>Service</u>	<u>Daily Rate</u>	<u>Services</u> <u>Daily</u> <u>Rate</u>	<u>Daily</u> <u>Rate</u>	<u>Daily</u> <u>Rate</u>	<u>Daily</u> <u>Rate</u>	<u>Expend.</u> <u>To Date</u>
3	1	WSH	10/24/05	160	\$ 428.30	\$ 24.65	\$ -	\$ 15.00	\$ 467.95	\$ 74,872.00
3	2	WSH	10/27/05	157	\$ 408.28	\$ 24.65	\$ -	\$ 15.00	\$ 447.93	\$ 70,325.01
4	3	WSH	12/15/05	107	\$ 447.16	\$ 30.00	\$ -	\$ 11.84	\$ 489.00	\$ 52,323.00
		Comm								
3	4	Hospital	1/17/06	74	\$ 212.10	\$ 24.00	\$ -	\$ 15.00	\$ 251.10	\$ 18,581.40
6	5	DOC	1/23/06	68	\$ 240.12	\$ 30.00	\$ -	\$ 15.00	\$ 285.12	\$ 19,388.16
5	6	WSH	2/12/06	48	\$ 273.78	\$ 20.00	\$ 3.28	\$ 15.00	\$ 312.06	\$ 14,978.88
		Hospital								
5	7	diversion	3/08/06	24	\$ 274.41	\$ -	\$10.00	\$ 10.00	\$ 294.41	\$ 7,065.84
3	8		3/21/06	11	\$ 732.16	\$ 24.65	\$50.00	\$ 15.00	\$ 821.81	\$ 9,039.91
		Relatives								
4	9	home	1/20/06	71	\$ 246.82	\$ 23.89	\$ -	\$ 11.84	\$ 282.55	\$ 20,061.05
<b>Average for Outplacements</b>									<b>\$ 374.38</b>	<b>\$ 266,574.20</b>